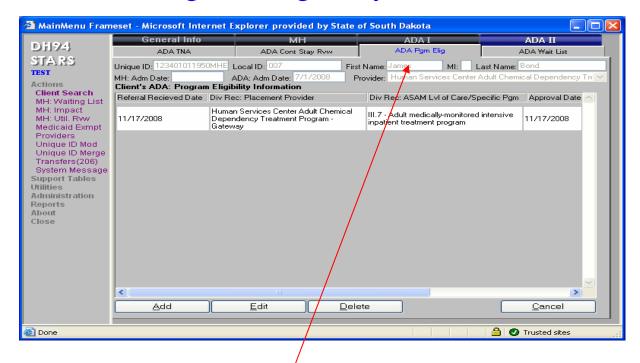
Program Eligibility List Screen



The ADA Program Eligibility List Screen and ADA Program Eligibility Detail Screen are <u>Provider View</u> screens only. The <u>above tab</u> will only be enabled after a TNA has been submitted to the Division for requesting program approval from the "Notify Division" tab on the ASAM Recommendation Screen.

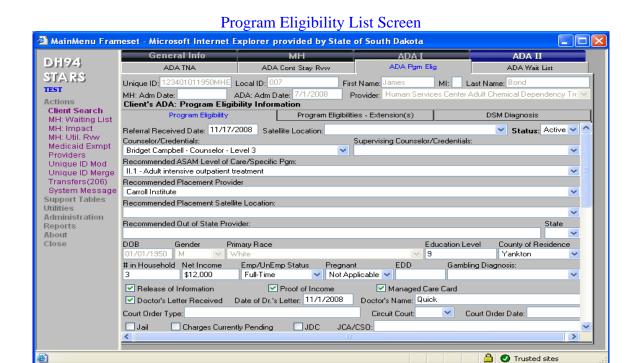
To access the "Program Eligibility Screen" click on the "ADA Pgm Elg" tab located under the ADA II top menu bar. To view a particular client's eligibility status, the user will double click on a <u>specific record</u>. The Program Eligibility Screen will open and allow the user to determine the status of the client's eligibility for services, where the services will be provided, and the payment source.

State Adm Staff can get to the ADA: Pgm Elig List screen by clicking ADA: Program Eligibility Tab.

Then click <u>"Add"</u> or <u>"Edit"</u> from the Program Eligibility List Screen, or to view a record, double click on the specific client record of interest.

Only State Level Staff can Add, Edit, Delete, or Cancel a record.

- <u>"Add"</u> will go to the Program Eligibility Tabs Screens to Add a Client's Program Eligibility Information.
- <u>"Edit"</u> will go to the Program Eligibility Tabs Screens to Edit the Client's Program Eligibility Information.
- "Delete" will delete a Client's Program Eligibility Information.
- "Cancel" will take the user back to the ADA Client Search Screen.



(Policy #, Policy Holder First Name, Policy Holder, Last Name, Department, fields will only appear when the person's funding source is State Employee Insurance)

Most of the fields in the <u>Program Eligibility Detail Screen</u> will be pulled from other screens which the provider has already completed. Those fields include:

Counselor/Credentials, Supervising Counselor/Credentials, JCA/CSO, Jail, Charges Currently Pending, JDC, Education Level, Recommended ASAM Level of Care/Specific Pgm, Recommended Placement Provider, Recommended Placement Satellite Location, Recommended Out of State Provider, State, Emp/Unemp Status, Pregnant, EDD and Gambling Diagnosis will pull from the TNA Screen.

Client Medicaid #, DOB, Gender, Primary Race, and County of Residence will pull from the Client Info Screen.

Net Income and # in household will pull from the income eligibility screen.

Required fields to complete for all clients requesting funding:

Prior to receiving approval for funding and placement of clients for alcohol and drug services, the **Income Eligibility Screen**, will need to be completed. A release of information and other documentation, depending on the funding source, will need to be faxed to the Division at (605) 773-7076.

Referral Received Date: This is a date box which will be completed by state level staff and refers to the date the request for approval was sent to the Division. Dates can be entered with 6 digits. For example, a client was approved for services December 12, 2004. Type the date digits, 121204 and tab – the information will be reformatted to look like 12/12/2004.

Satellite Location: This is a drop down box which will be completed by state level staff and refers to the facility where the provision of services will take place. This field will be blank if a facility provides services at one site only

<u>Status:</u> This is a drop down box which will be completed by state level staff and refers to the status of the client's approval. If the status is on <u>Hold</u>, it typically means the division is missing some required piece of information. For example: a release of information has not been received at the Division. The Division will place a Hold on the client's approval until the Release of Information has been received. To find the reason for the hold, scroll down to <u>Comments for Incomplete</u> Documentation.

If the client's status is <u>Active</u>, this would indicate the client has been approved for services, and the provider can scroll down to the bottom of the screen to find where the client was approved for services, when the client was approved, what level of care the client is recommended to attend, and the funding source.

Release of information: This refers to the release of information sent to the Division of Alcohol and Drug Abuse which is signed by the client. The release of information allows the Division to discuss the client with the referring and placement facility and the funding source (such as the Department of Social Services). Once the release of information is received by the Division, State Level Staff will click on the field box labeled **Release of Information.**

Proof of Income: Refers to the Income Eligibility and Hardship/Administrative Review Screens which Division staff will need to examine prior to approval. Once state level staff has reviewed the client's income, state level staff will need to click the field box along the left side of the field labeled '**Proof of Income**'.

Required Fields for Title XIX Funding:

For Title XIX approvals, a copy of a Dr.'s Letter or Court Order must be faxed to the Division of Alcohol and Drug Abuse, (605) 773-7076. The letter or court order must state the client is recommended to obtain an alcohol and drug assessment and to follow the recommendations of the assessment. Alternatives to this rule would include a copy of a Managed Care Card, which fulfills the Dr.'s Letter Requirement or a court order which places the client into the custody of another state entity, such as the Department of Social Services, Department of Corrections, or Department of Human Services.

Additionally, for pregnant women, a Dr.'s Letter or similar document which verifies the client's pregnancy must be faxed to the Division at (605) 773-7076.

Once the above mentioned items are received by the Division, state level staff will complete the required fields to include:

<u>Managed Care Card:</u> This is a check box form field to be completed by state level staff only and if checked indicates the Division has *received* a copy of the Managed Care Card.

<u>Doctor's Letter Received</u>: This is a check box form field to be completed by state level staff only and if checked indicates the Division has *received* a copy of the Dr.'s Letter.

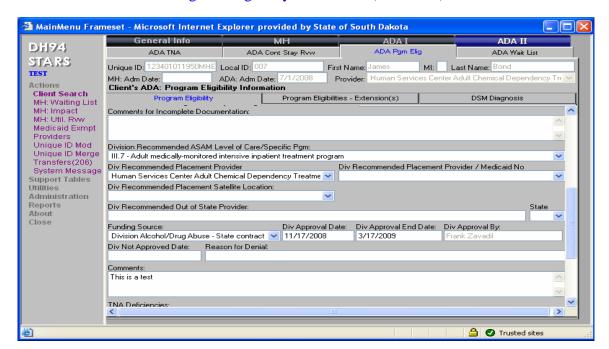
<u>Date Received:</u> This is a date field to be completed by state level staff only and refers to the date which the doctor signed the letter for the referral for an assessment.

<u>Doctor's name:</u> This is a text box to be completed by state level staff only and refers to the name of the doctor making the referral as well as the doctor's credentials.

<u>Court Order Type:</u> This is a text box to be completed by state level staff only and refers to the type of court order the client is to follow. Examples might include Order of Adjudication, Adjudicatory Order, and Order of Commitment to DOC, Interim Order, and Order of Probation etc.

<u>Circuit Court:</u> This is a drop down box to be completed by state level staff and refers to the circuit court which has jurisdiction over the client and is listed on the court order.

<u>Court Order Date:</u> This is a date field to be completed by state level staff only and refers to the date the court order was signed by the judge and filed. If the court order was filed on a date later than when the judge signed it, then place the date of filing in this field.



Program Eligibility List Screen (continued)

<u>Comments for Incomplete Documentation</u>: If the Division does not have all the required forms, or if the Treatment Needs Assessment is missing information, or if State level staff has any questions, a message will be written here about the needed documentation prior to approving the client for services.

<u>Division Recommended ASAM Level of Care/Specific Program:</u> State level staff will place the recommended level of care here. This is a drop down box which lists the chemical dependency services provided in the state of South Dakota. The Division may choose to place a client in a level of care which is different from recommended by provider.

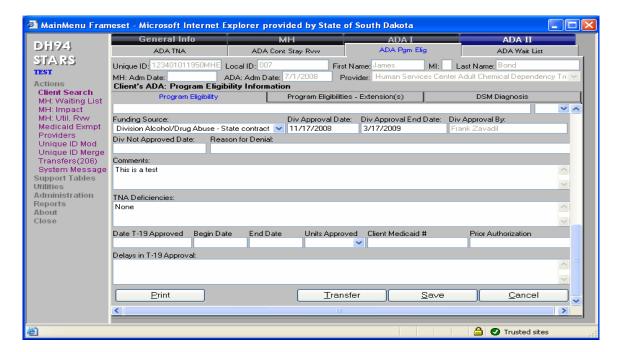
<u>Division Recommended Placement Provider:</u> State level staff will determine the placement provider. This is a drop down list of all the approved/accredited agencies in the state which provide chemical dependency services.

Division Recommended Placement Satellite Location: This is a drop down box which lists all satellite agencies that are connected with a main/central office. This field will be empty unless the services provided to the client will be in an office other than the main/central office. Ex: Volunteers of America, Dakotas – New Start II, VOA-D. A pregnant woman is requesting services

with the pregnant women's program. New Start II, VOA-D would fill the field for Division Recommended Placement Satellite Location.

<u>Division Recommended Out of State Provider:</u> State level staff will complete the text box for clients recommended to receive services out of state. The name of the Out of State Provider will be typed here.

State: This is a drop down box of every state in the Nation and will be completed by State level staff if the client will be attending an out of state facility.



Program Eligibility List Screen (continued)

<u>Funding Source:</u> This is a drop down box which lists the funding sources available to the clients in the state of South Dakota. State level staff will determine which funding source will be used and will select the source by clicking on it. That funding source will fill the field.

<u>Division Approval Date:</u> This is the date the Division has approved funding for services. This date will be completed by State Level staff.

<u>Division Approval End Date:</u> This is the date the Division has approved funding to end for services. This date will be completed by State Level staff.

<u>Division Approval By:</u> This is the name of the person at the state level who approved the client for services. This field will be completed by state level staff.

<u>Division Not Approved Date:</u> There will be times when clients will be denied funding for their services. This is determined by State level staff and will be completed by state level staff. The date of the denial will be placed here

Reason for Denial: This is a text box and will be completed by state level staff, and will give the reasoning for the denial of funding.

<u>Comments:</u> This is a text box for state level staff to make notes for themselves in regards to client placement or discharge.

TNA Deficiencies: This is a text box for state level staff to note deficiencies within the TNA. Examples might include comments about a lack of information in the critical life areas etc.

<u>Date T-19 approved:</u> This is a date box which will be completed by state level staff in regards to T-19 authorization and the date the Authorization was approved.

<u>Begin Date:</u> This is a date box which will be completed by state level staff and refers to the day the client's T-19 Authorization begins or the date the service begins

End Date: This is a date box which will be completed by state level staff and refers to the day the client's T-19 Authorization ends or the date the service ends.

<u>Units Approved:</u> This is a drop down box with numbers and refers to the number of units the client has been approved for T-19 funding. State level staff will complete this field.

<u>Client Medicaid #:</u> This field will be pulled from the Client information screen.

Prior Authorization: This is a text box which will be completed by state level staff and refers to the prior authorization number which the provider will use to bill Medicaid for the services provided by the facility. The code for a particular client's level of care will also be listed here. For example, a client is recommended for Level III.7 and is cannabis and alcohol dependent. **Prior Authorization**: 1002334 - W3020.

Delays in T-19 Approval: This is a text box to be completed by state level staff and refers to the reasons why T-19 funding has not been authorized. Examples might include that the client is no longer eligible for T-19 funding or the client's T-19 eligibility has ended and the family will need to go to the local Department of Social Services office and reapply for eligibility.

Print: The print button will allow the provider to print the Program's Eligibility's page for the clients file.

<u>Transfer:</u> This button will send the TNA and the Program Eligibility Screen to the facility that will be providing services to the client.

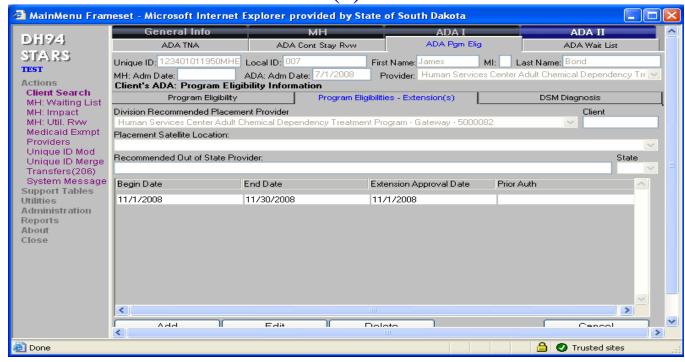
For example: Winner Alcohol & Drug Counseling Services have recommended a client attend inpatient treatment. The Division approves the client for inpatient treatment services at Our Home Rediscovery. Once the Division approves the request, state level staff will click the transfer button and the client's treatment needs assessment and program eligibility will be copied and transferred to the placement facility, in this case Our Home Rediscovery.

Once the information is transferred to another facility, the SD Stars system will <u>delete</u> the <u>Program Eligibility</u> and the <u>Program Eligibility Extensions</u> of the original provider. The Treatment Needs Assessment will stay with the original provider, as in our example, Winner Alcohol & Drug Counseling Services, but will also give a copy of the treatment needs assessment to the facility that will be providing the services, Our Home Rediscovery.

Save: Clicking on this button will save the Program Eligibility Information.

<u>Cancel</u>: Clicking this button will take the user back to the Program Eligibility List Screen. If the information entered on this screen is not saved prior to hitting cancel, the user will lose the information that was placed on this screen.

Alcohol and Drug Abuse: Program Eligibility - Extension(s) Screen



For those clients who meet the criteria for an extended stay beyond the initial stay approved by the Division, the Provider will need to submit a continuing stay review with a request for the extension. To do this, the Provider is referred to <u>ADA Continue Stay Review</u> section of this manual.

Once the continuing stay review is completed, the Provider will notify the Division, depending on the type of funding needed, for a request of an extension.

After the Division receives, reviews, and agrees with the request, the provider can view this information by completing the following steps:

- 1. Locate the client from the "Client Search Screen" and click on the "Most Recent" tab which opens the "Client Information Screen"
- 2. On the top menu bar of the "Client Information Screen", click on the "ADA Pgm Elg" tab which opens the "Program Eligibility List Screen" Then click on the record and click on "Edit" which opens the "Program Eligibility Screen".
- 3. From the "Program Eligibility Screen" click on the "Program Eligibilities Extension (s)" tab which opens the above screen.

Again this is a Provider View screen only.

State level staff enters information on this screen by clicking "Add" or "Edit".

- "<u>Add</u>" will take the user to the Program Eligibilities Extension(s) Detail Screen to <u>Add</u> an extension to the client's chemical dependency treatment.
- <u>"Edit"</u> will go to the *selected* Program Eligibilities Extension(s) Detail Screen to <u>Edit</u> an extension that has already been completed on a client.
- "Delete" will Delete a Client's *selected* Program Eligibilities Extension(s).
- "Cancel" will go back to the Program Eligibility List Screen.

Alcohol and Drug Abuse: Program Eligibilities Extension(s) Detail Screen

D 94 STA RS TEST Actions Client Search MH: Waiting List	Client Info Service(s) Income Bigibility Hrdshp/Adm Rvw MH Adm/Dis Info MH Pgm Trsfr MH DSt					
	ADA Adm Info	Big ADA Wait List				
	Unique ID: 323208081967MLU Local ID: First Name: Jack MI: Last Name:	Flash				
	MH: Adm Date: ADA: Adm Date: 2/7/2005 Provider: Volunteers of America	₩.				
	Client's ADA: Program Eligibility Information					
	Program Eligibility Program Eligibilities - Extension(s) DSM [Diagnosis				
Providers	Division Recommended Placement Provider	Client				
Support Tables	Carroll Institute - 33333333333333333333333333333333333	~				
Utilities About	Placement Satellite Location:					
Close		▼				
Close	Recommended Out of State Provider:	State				
	Extension Begin Date: Extension End Date: Extension T-19 Approval Date: 2/9/2005 3/9/2005 Extension Prior Auth:					
		<u>C</u> ancel				

To get to the Program Eligibilities – Extensions detail screen click <u>"Add"</u> or <u>"Edit"</u> on the Program Eligibilities Extension(s) List Screen.

This is a Provider View screen only.

<u>Division Recommended Placement Provider</u>: This field is pulled from the "Program Eligibility Screen" and is shadowed and indicates the facility which the client's extension is being approved.

<u>Placement Satellite Location:</u> This field is pulled from "Program Eligibility Screen" and shadowed. If the field is blank, then the facility does not have a satellite location. If the field is occupied, it indicates the client is being approved for the satellite location of the <u>Division</u> Recommended Placement Provider.

<u>Recommended Out of State Provider:</u> This field is pulled from "Program Eligibility Screen" and will be shadowed. It indicates the name of the provider if it is located outside of South Dakota.

State: This field will be shadowed and indicates which Out of State facility is providing services, if the client is approved for out of state chemical dependency treatment.

Extension Begin Dates: This is a date field which is completed by state level staff and indicates the begin extension date for the client.

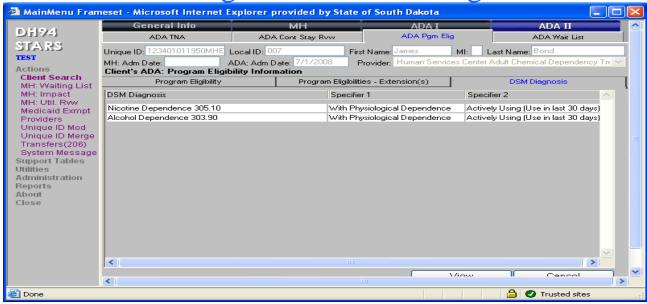
Extension End Date: This is a date field which is completed by state level staff and indicates the end extension date for the client.

Extension T-19 Approval Date: This is a date field which is completed by state level staff and indicates the date the extension was approved by the division.

Extension Prior Auth: This is a text box which is completed by state level staff and will have the prior authorization assigned to the client for the particular service, as well as the total units of service, and the code it will be billed under such as Code W3020.

Command Buttons – "Save" will save the Client's Program Eligibilities Extension(s) information. "Cancel" will take you back to the Program Eligibilities Extension(s) List Screen.

Alcohol and Drug Abuse: DSM Diagnosis Screen



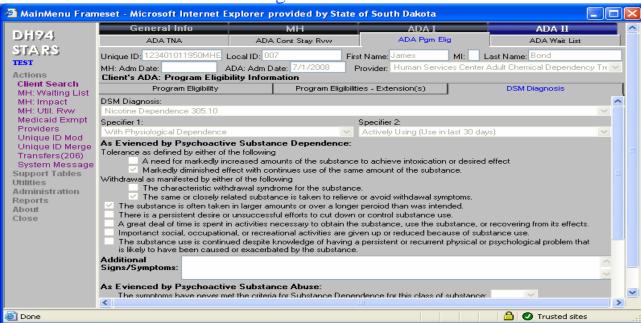
The DSM Diagnosis Screen is a **view screen only**. To get to it click the "**DSM Diagnosis**" Tab under the main <u>ADA Pgm Elig</u> Tab.

Command Buttons –

<u>"View"</u> will go to the DSM Diagnosis Detail Screen to View the Client's DSM Diagnosis Information.

"Cancel" will go to the Program Eligibility List Screen.

DSM Diagnosis Detail Screen



To get to the DSM Diagnosis Detail Screen, which is a view screen only, click the DSM Diagnosis List screen. Select a specific diagnosis and click "View".

"Cancel" will take you back to the DSM Diagnosis List Screen.

If the provider wishes to change the DSM Diagnosis, then you will need to click on the <u>ADA TNA</u> tab, and select the <u>DSM Diagnosis</u> tab. If the ADA TNA has already been sent to DHS, then the user can <u>update</u> the TNA or contact state level staff to <u>Edit</u> the existing TNA. To update or edit the ADA TNA, refer to the TNA section of the manual.